

New Mexico Charitable Organization Registration Form

Federal Employer Identification Number (FEIN) _____

1. Organization's legal name _____

All other name(s) used _____

2 (A). _____ Street address

City _____ County _____

State _____ Zip Code _____

(B). Mailing address (if different) _____

City _____ County _____

State _____ Zip Code _____

3. Telephone number(s) _____ Fax number(s) _____

E-mail _____ Web site _____

4. Names, addresses, telephone numbers of other offices/chapters/branches/affiliates (*attach list*).

5. Date incorporated _____ State of incorporation _____

Fiscal year end: day/month _____

6. If not incorporated, type of organization, state, and date established _____

7. Has organization or any of its officers, directors, employees or fund raisers:

A. Been enjoined or otherwise prohibited by a government agency/court from soliciting? Yes ☐ No ☐

B. Had its registration been denied or revoked? Yes ☐ No ☐

C. Been the subject of a proceeding regarding any solicitation or registration? Yes ☐ No ☐

D. Entered into a voluntary agreement of compliance with any government agency or in a case before a court or administrative agency? Yes ☐ No ☐

E. Registered with or obtained exemption from any state or agency? Yes ☐ No ☐

F. Solicited funds in New Mexico? Yes ☐ No ☐

If "yes" to 7A, B, C, D, *attach explanation*.

If "yes" to 7E, *attach list* of states where registered, exempted, including registering agency, dates of registration, registration numbers, any other names under which the organization was/is registered.

If "yes" to 7F, attach an explanation to include the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted in New Mexico. (*see also instructions*)

8. Has the organization applied for or been granted IRS tax exempt status? Yes ☐ No ☐

If yes, date of application _____ OR date of determination letter _____.

If granted, exempt under 501(c) _____. Are contributions to the organization tax deductible? Yes ☐ No ☐

9. Has tax exempt status ever been denied, revoked, or modified? Yes ☐ No ☐

10. Indicate all methods of solicitations:

Mail ☐ Telephone ☐ Personal Contact ☐ Radio/TV Appeals ☐

Special Events ☐ Newspaper/Magazine Ads ☐ Other(s) ☐ (specify) _____

11. List the NTEE code(s) that best describes your organization __, __, __.

12. Describe the purposes and programs of the organization and those for which funds are solicited (*attach separate sheet if necessary*).

13. List the names, titles, addresses, and telephone numbers of officers, directors, trustees, and the principal salaried executives of organization (*attach separate sheet*).

14 (A) (1). Are any of the organization's officers, directors, trustees or employees related by blood, marriage, or adoption to: (a) any other officer, director, trustee or employee OR (b) any officer, agent, or employee of any fundraising professional firm under contract to the organization OR (c) any officer, agent, or employee of a supplier or vendor firm providing goods or services to the organization?
Yes ☐ No ☐

(2). Does the organization or any of its officers, directors, employees, or anyone holding a financial interest in the organization have a financial interest in a business described in (b) or (c) above OR serve as an officer, director, partner or employee of a business described in (b) or (c) above?
Yes ☐ No ☐

(If yes to any part of 14A, *attach sheet* which specifies the relationship and provides the names, businesses, and addresses of the related parties).

(B). Have any of the organization's officers, directors, or principal executives been convicted of a misdemeanor or felony? (*If yes, attach a complete explanation.*) Yes ☐ No ☐

15. *Attach separate sheet listing names and addresses (street & P.O.) for all below:*

Individual(s) responsible for custody of funds. Individual(s) responsible for distribution of funds.

Individual(s) responsible for fund raising. Individual(s) responsible for custody of financial records.

Individual(s) authorized to sign checks. Bank(s) in which registrant's funds are deposited (*include bank phone number*).

16. Name, address, and telephone number of accountant/auditor.

Name _____
Address _____
City _____ State _____ Zip Code _____ Telephone _____
Method of accounting _____

17. Name, address (street & P.O.), and telephone number of person authorized to receive service of process.

Name _____
Address _____
City _____ State _____ Zip Code _____ Telephone _____

18 (A). Does the organization receive financial support from other non-profit organizations (foundations, public charities, combined campaigns, etc.)? Yes ☐ No ☐

(B). Does the organization share revenue or governance with any other non-profit organization? Yes ☐ No ☐

(C). Does any other person or organization own a 10% or greater interest in your organization OR does your organization own a 10% or greater interest in any other organization? Yes ☐ No ☐

(If "yes" to A, B or C, *attach an explanation* including name of person or organization, address, relationship to your organization, and type of organization.)

19. Does the organization use volunteers to solicit directly? _____ Yes ☐ No ☐

Does the organization use professionals to solicit directly? Yes ☐ No ☐

20. If your organization contracts with or otherwise engages the services of any outside fundraising professional, *attach list* including their names, addresses (street & P.O.), telephone numbers, and location of offices used by them to perform work on behalf of your organization. Each entry *must include* a simple statement of services provided, description of compensation arrangement, dates of contract, date of campaign/event, whether the professional solicits on your behalf, and whether the professional at any time has custody or control of donations.

21. Amount paid to PFR/PS/FRC during previous year: \$ _____

22 (A). Contributions in previous year: \$ _____

(B). Fundraising cost in previous year: \$ _____

(C). Management & general costs in previous year: \$ _____

(D). Fundraising costs as a percentage of funds raised: _____

(E). Fundraising costs plus management & general costs as a percentage of funds raised: _____

Under penalty of perjury, I certify that the above information and the information contained in any attachments is true, correct, and complete.

Sworn to before me on (or signed on) _____, 200 ____

Notary public (required)

Name of Officer, Executive Director, etc. (printed)

Name (signature)

Title (printed)

Pursuant to the New Mexico Charitable Solicitations Act, this registration becomes effective ten days after being filed with the Registry of Charitable Organizations. Please enclosed a self-addressed stamped envelope and an additional copy of this completed form. We will return the copy with a date stamped confirmation of receipt as proof of your filing. Your registration is effective ten days after the date stamped on your return copy. We reserve the reject a registration after the effective date for good cause shown.

Mailing Address:
Office of the Attorney General
ATTN: Registry of Charitable Organizations
111 Lomas Blvd. NW, Suite 300
Albuquerque, NM 87102

Overnight Mailing Address:
Office of the Attorney General
ATTN: Registry of Charitable Organizations
111 Lomas Blvd. NW, Suite 300
Albuquerque, NM 87102

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